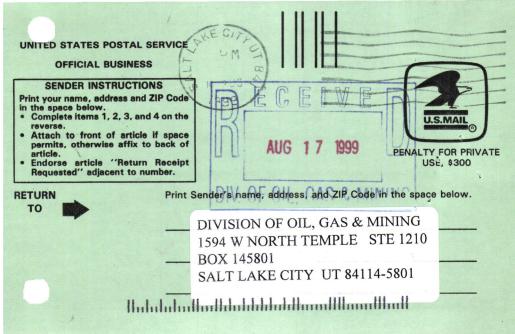
B DOGM S/045/050 8/9/99		
SENDER: Complete items 1 and 2 when additional services are desired, and complete 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number	
MICHAEL J MCPHILOMY JR	P 074 976 751	
2719 ARAPAHOE LN	Type of Service:	
PROVO·UT 84604	Registered Insured Certified COD Express Mail for Merchandise	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X Maple Colle	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent	OVORS	
7. Date of Delivery 8 - 13 - 99	mr u n muur	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	-865 DOMESTIC RETURN RECEIPT	



P 074 976 751

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDE NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to MICHAEL J MCPHILOMY JR		
Street and No. 2719 ARAPAHOE LN		
P.O., State and ZIP Code PROVO UT 84604		
Postage	S	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	S	
Postmark or Date		

DOG

\$/045/050

8/9/99

PS Form 3800, June 1985